Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3-1-2014	Address:	2403 E Highland Ave
Incident #:	14ISPC001708		Muncie IN 47302
County:	Delaware		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents: <u>Kitchen</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: Crawl Space			
Corrosive Base: Crawl Space			
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring: 1	tions of home: clean disarray ngth of time manufacturing had been week nformation:
This report l	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Health Depar	ent City, Township or County <u>Muncie</u> tment County: <u>Delaware Co HD</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: (765)	
	ormation regarding this methamphetan Officer: Richard Clay Phone	nine laboratory, cont e <u>765-778-2121</u>	ract

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.